



Approved for use through 10/31/2002. OMB 0651-0032

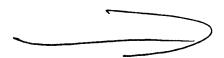
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Attorney Docket Number **DECLARATION FOR UTILITY OR** Gisela Schor First Named Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date Declaration Declaration Submitted after Initial OR Submitted Group Art Unit

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with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Name	,)
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Application Number	DE 9903352 and was a	mended on (MM/DD/VV	w\	(if applicable).	
TC1/	JE HOLDE		/	(ii applicable).	
hereby state that I have revi	ewed and understand the co	ntents of the above ident	ified specification	including the claims as	
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acknowledge the duty to dis	close information which is ma	aterial to patentability as	defined in 37 CF	R 1.56, including for continuation- application and the national or	1
CT international filing date of	of the continuation-in-part app	lication.			_
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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
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[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Laber		OR 🔀 Co	orrespondence address below					
Name Gisela Schon								
Address Mittelstrasse 51								
city D-52379 Lange	rwehe	state Germany	zIP D-52379)					
		1/2423-2664	call tirst so that					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])	hon							
Inventor's Signature	Date 16th of April Of							
Residence: City Langerwehe	State DE	= Germany	German					
Mailing Address Mittel strasse 51 DEX								
cm D-52379Lanperweh	10 State DE	zip 52379	country Germany					
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature	Date							
Residence: City	State	Country	Citizenship					
Mailing Address								
City	State	ZIP	Country					
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								